

RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

# S.H.A.R.E. at Asbury

S.H.A.R.E. (Students Help and Reach Elders)

is an intergenerational program hosted by JCA InterAges. Student volunteers visit patients & residents at the Wilson Health Care Center at Asbury. The program includes games, crafts, and conversations with students and older adults. Regular participation is encouraged. Space is limited to the first 13 students who arrive on the day of program.



Maura Dinwiddie, 301-258-6350  
Maura.Dinwiddie@gaithersburgmd.gov  
506 South Frederick Avenue  
Gaithersburg, MD 20877



## Wednesdays

### Oct 3 - Orientation

Oct 10

Nov 14

Dec 12

Jan 9

Feb 13

March 13

April 10

May 15

**2:30 - 4:30pm**

**Meet at the Activity Center**

**at Bohrer Park (Next to GHS)**

**506 S Frederick Ave**

**Gaithersburg, MD 20877**

**Student Union & Forever Sisters**

**Grades 9-12**

***Earn SSL Hours***

## Student Union & Forever Sisters - SHARE at Asbury 2018-19

☐ Check here if new address/phone since last time registered.

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ City Resident ☐ Nonresident ☐

Email \_\_\_\_\_

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Location	Start Date	Grade	School
			SHARE at Asbury	ACBP	10/10/18		
			SHARE at Asbury	ACBP	10/10/18		

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for my/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** ☐ **N** ☐

Please specify:

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.